

# EXHIBIT J

## Note Log

DGLASGOW - 03/07/2017 16:58:09: Spoke with Michelle King and advised what information was needed to review the claim retroactively: We need medical records from VA for the period of 2014-08/2016 so we can CIC insured. RN has reviewed the 11/2015 medical records and will CIC insured retroactively to 11/2015 however we need to know where the insured was during that time in order to pay the MCB benefit. Records indicate he was in the hospital in 11/2015, but need to know where he was all year. Michelle will be sending letter attesting to insured's location. Michelle King understood and will followup with me.

DGLASGOW - 03/03/2017 14:17:32: Called daughter, Michelle King, 406-442-5412, regarding appeal for claim. Left voicemail message to return my call.

DLEAL - 02/01/2017 14:06:46: MAILED APPEAL RESPONSE LETTER

DLEAL - 12/06/2016 09:16:50: PROCESSED MCB FOR AUG,SEPT ,OCT AND NOV 1-6. MAILED CLOSE CLAIM LETTER.

DLEAL - 12/06/2016 08:38:15: SPOKE TO MICHELLE KING(POA) ADV THAT I RECEIVED A NOTE FROM HHC AGENCY THAT NO CARE WAS PROVIDED . SHE STATED THAT THERE WAS CARE HOWEVER. I EXPLAINED THAT SINCE MR. KING DIED SO SUDDENLY THERE IS ANOTHER BENEFIT OPTION TITLED ALTERNATE PAYMENT BENEFIT THAT DOES NOT TAKE THE ELIMINATION PERIOD INTO EFFECT. EXPLAINED IT PAYS ON A PRORATED BASIS AND WILL NOT PAY FOR ANYDAYS MR. KING WAS HOSPITALIZED OVERNIGHT. SHE CONFIRMED HE WAS NOT HOSPITALIZED. ADV THAT I WILL PAY PART OF AUG , SEPT , OCT AND NOV 1-6. ADV THAT I WILL PROCESS TODAY AND GO OUT IN TOMORROW'S MAIL. SHE THANKED ME.

DLEAL - 11/29/2016 13:42:26: CALLED AND LEFT MSG ON VMAIL FOR MICHELLE KING. NEED TO DISCUSS ALTERNATE PAYMENT RIDER BENEFIT SINCE NO CARE IN PLACE FOR 168266121.

DLEAL - 11/17/2016 08:14:52: SENT REQUEST TO ADD BENEFICIARY

DLEAL - 11/17/2016 08:11:39: FAXED REQUEST FOR CLAIM PACKET TO A PLUS HEALTH CARE

DLEAL - 11/17/2016 08:03:32: NOTE IN LTCFASTPAY SHOWS INSURED PASSED AWAY ON 11/6/16. FAXED REQUEST FOR INVOICES TO A PLUS

DLEAL - 10/26/2016 14:25:03: SPOKE TO MICHELLE KING(DAUGHTER), ASKED HER IF SHE HAD ANY QUESTIONS OR CONCERNS WITH HIRING A CAREGIVER. SHE STATED THAT SHE IS THE CAREGIVER FOR HER FATHER AND SHE IS WORKING FOR A PLUS. SHE STATED THAT SHE HAS BEEN WORKING WITH THE AGENCY FOR A COUPLE OF MONTHS. SHE STATED SHE IS CERTIFIED AS A CAREGIVER AND SHE SHARES THE SAME HOME AS INSURED. ADV HER THAT THE POLICY EXCLUDES ANY IMMEDIATE FAMILY MEMBER FROM BEING CERTIFIED AS AN INDEPENDENT CAREGIVER.. ADV HER I WILL RESEARCH ISSUE AND CALL HER IN A DAY OR TWO.

KBYRD - 10/25/2016 14:50:52: Sarah With A Plus Care Called and wanted to know the Information they need to send in to Us. I let her know that I would provide the information. She stated during the call the daughter (Michelle) will be providing the care for the Insured. I placed her on hold to verify if the daughter would be eligible to provide care. After reviewing the policy it states "A Home Health Care Provider cannot be a member of Your Immediate Family or be living with You." I informed Sarah that the Dtr could not provide care for the Insured per the policy provisions. I let her know that I would have the fax reach to the Dtr and explain the policy provision to her. She understood. She then provided me the fax number to submit the request 406-422-1062

KSEVERIN - 10/25/2016 14:23:58: SARA WITH A+ HHC SAID WILL START CARE FOR SERVICE. ASKED FOR OUR FAX #. GAVE HER OUR NEW FAX. SARA WILL F/U WITH FATHER

KSEVERIN - 10/11/2016 11:48:59: MICHELLE KING (POA) CALLED ABOUT INFO STILL NEED - REFER TO 4 page OF APPROVAL LETTER. LIST ITEMS PENDING FROM EACH PROVIDER, AS OF ELIG AUG 2016. SHE WILL TRY F/U AGAIN

EROSALES - 10/04/2016 09:18:10: ++++++NEW CLAIM SETUP COMPLETED. REFERRED TO EXAMINER -(DLEAL); F/U WITH APS & POC PRIOR TO CIC EXP 8/2/2017+++++

EROSALES - 10/04/2016 09:17:26: REQUESTED ON GOING HOME CARE SERVICES ON LTCFAST PAY.

EROSALES - 10/04/2016 09:16:35: MAILED APPROVAL LETTER TO MICHELLE KING (POA) AND WE NEED THE INFO FROM ST. PETERS HOSPICE AND A-PLUS HEALTH CARE.

EROSALES - 09/20/2016 09:22:24: 9/19/2016- SEND REQUEST TO DIMS FOR CIC REVIEW.

EROSALES - 09/06/2016 11:55:05: SENT LETTER TO INSURED THAT WE NEED THE HIPAA FORMS, PERSONAL REP FORM, DPOA, APS, AND PCF & DOCS FROM PROVIDER.

RORTIZ2 - 08/01/2016 12:39:49: INSURED CALLED IN TO VERIFY IF THE FORMS WILL BE SENT OUT. I ADVISED IT HAS BEEN SENT OUT. I ADVISED HE SHOULD RECEIVE THE FORMS VERY SOON. HE STATED THAT WAS ALL HE NEEDED.

EROSALES - 07/26/2016 09:26:51: REQUESTED BEA ON LTCFAST PAY

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Quick Reference Notes